CLAIMS ONLY

Application Number	Filing Date
10027220	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2	cancel						52						
3	1						53						
4		1					54						
5		1					55						
6		1					56						
7	1						57						
8	cancel						58						
9	1						59						
10	cancel						60						
11		1					61						
12		1					62						
13	1						63						
14	cancel						64						
15	1						65						
16	cancel						66						
17		1					67						
18		1					68						
19	cancel						69						
20		1					70						
21	cancel						71						
22		1					72						
23	cancel						73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
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32							82						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	6						Total Indep						
Total Depend	9						Total Depend						
Total Claims	15						Total Claims						